DEVELOPMENTAL DISABILITIES PROGRAM
Triage Review Form (TRF)

FOR INVESTIGATING CRITICAL INCIDENTS:
MAY BE USED FOR ALL CRITICAL INCIDENTS EXCEPT INCIDENTS OF *ABUSE, NEGLECT OR EXPLOITATION*.

Review Team Members Participating:	Case Manager(s):	
	Provider Staff(s):	
	QIS(s):	
	Regional Manager:	
	Other:	

Agency Name: _____
Person's Name: _____
Date Incident Occurred: _____

Description of Incident as Known:

Summary of Review:

Recommendations/Requirements/Actions Taken:

Administrative Review Attached: ☐

☐ No further investigation warranted
☐ Full Investigation (FIRF) needed and assigned to: _____

_____ Triage Review Team Chair

_____ Date

Review Status:
☐ To be continued ☐ Closed